

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED FEB 2 1962

-62-003440

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1045

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

ST. LOUIS

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

JEWISH HOSP.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

admission)

c. CITY

OR
TOWN

ST. LOUIS

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

2611 E VIRGINIA

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

EMMIT Lester

First

Middle

Last

Baird

4. DATE

OF
DEATH

JAN. 22

1962

5. SEX

M.

6. COLOR OR RACE

W.

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

2-18-1912

9. AGE (last birthday)

49

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

CHAUFFEUR - HANCOCK TRUCKING CO. PIONEER, TENN. U.S.A.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

JAMES DAVID BAIRD

13b. MOTHER'S MAIDEN NAME

PEARL BROYLES

14. NAME OF HUSBAND OR WIFE

EVELYN L. BAIRD

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

EVELYN L. BAIRD 2611 E VIRGINIA

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

myocardial infarction

INTERVAL BETWEEN

ONSET AND DEATH

one week

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Atherosclerotic Heart Disease

5 years

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-13-62 to 1-22-62 and last saw her alive on 1-22-62

Death occurred at 1-22-62 8:34pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

V. Small A. Moore, MD

22b. ADDRESS

9332 Berry Ave

22c. DATE SIGNED

1-23-62

23a. BURIAL: CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

REMOVAL (RAN) 1-24-62

LA FOLLETTE TENN.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

KRIEGSHAUSER 4228 S. KINGS HIGHWAY JAN 23 1962

Loan Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

R. H. Stovessund

Licensed Embalmer No.

4007

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.